

EXHIBIT 7

HealthPort
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
(770) 754 - 6000

 **HealthPort**
INVOICE

Invoice #: 0149153221
Date: 6/16/2014
Customer #: 491522

Ship to:

ANALISE J BUTH
MILLER JOHNSON ATTYS
250 MONROE AVE NW STE 800
PO BOX 306
GRAND RAPIDS, MI 49501-0306

Bill to:

ANALISE J BUTH
MILLER JOHNSON ATTYS
250 MONROE AVE NW STE 800
PO BOX 306
GRAND RAPIDS, MI 49501-0306

Records from:

W MICHIGAN FAM MED KENTWOOD
2120 43RD ST SE SUITE 200
KENTWOOD, MI 49508

Requested By: MILLER JOHNSON ATTYS
Patient Name: CRANE JILL

DOB: 061360
CASE NUMBER: 13CV01294

Description	Quantity	Unit Price	Amount
Basic Fee			23.42
Retrieval Fee			0.00
Per Page Copy (Paper) 1	394	0.23	90.62
Per Page Copy (Paper) 3	20	1.17	23.40
Per Page Copy (Paper) 2	30	0.59	17.70
Shipping			12.35
Subtotal			167.49
Sales Tax			10.05
Invoice Total			177.54
Balance Due			177.54

Pay your invoice online at www.HealthPortPay.com

Terms: Net 30 days

Please remit this amount : \$ 177.54 (USD)

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Invoice #: 0149153221

Check # _____
Payment Amount \$ _____

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to www.HealthPortPay.com or call (770) 754 6000.

Email questions to Collections@healthport.com.